

SERFF Tracking Number: MWSG-125713765 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39516
 Company Tracking Number: PFA10608S
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Addendum to Application for Life Insurance Coverage
 Project Name/Number: /

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Addendum to Application for Life Insurance Coverage SERFF Tr Num: MWSG-125713765 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39516
Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: PFA10608S State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: June Stracener, Dorothy Disposition Date: 07/07/2008
Seals

Date Submitted: 07/02/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 07/07/2008

State Status Changed: 07/07/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Addendum to Application for Life Insurance Coverage (Form PFA10608S) is intended to be a supplement to universal life application forms previously approved by your Department as well as those that are approved in the future. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department as well as those that are

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approved in the future. It is a new form and does not replace any previously approved form.

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

Company and Contact

Filing Contact Information

(This filing was made by a third party - MWSGW01)

Doak Foster, Attorney dfoster@mws gw.com
425 West Capitol Avenue (501) 688-8841 [Phone]
Little Rock, AR 72201-3525 (501) 688-8807[FAX]

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
4333 Edgewood Road NE Group Code: 468 Company Type: Life Insurer
Cedar Rapids, IA 52499 Group Name: AEGON USA Inc. State ID Number:
(319) 355-8511 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Arkansas charges \$ 50 per filing. Therefore, \$ 50 is enclosed.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	07/02/2008	21224822

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/07/2008	07/07/2008

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Disposition

Disposition Date: 07/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter for Stonebridge Life		Yes
Supporting Document	Flesch Score for PFA10608S		Yes
Supporting Document	Cover Letter dated 7-2-08		Yes
Form	Addendum to Application for Life Insurance Coverage		Yes

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Form Schedule

Lead Form Number: PFA10608S

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PFA10608S	Application/ Enrollment Form	Addendum to Application for Life Insurance Coverage	Initial		50	PFA10608S.pdf

This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum to the applied for policy is to be completed, signed and submitted prior to the issuance of any universal life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- the Proposed Insured(s) actual age(s) is 65 or older at the time the applied for policy is issued,
- a policy with a face amount of \$1 million or greater is being applied for, and
- the policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1. Yes No Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied-for life insurance policy? If yes, please explain: _____

2. Yes No Is there any plan to sell or transfer any interest in the applied-for life insurance policy? If yes, please explain: _____

3. Yes No If an entity will own the applied-for policy, is there any plan to sell or transfer any beneficial interest in the entity? If yes, please explain: _____

4. Yes No Will premiums for the applied-for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any): _____

5. Yes No If you answered yes to question 4, can the loan be repaid by the transfer of the applied-for policy to the lender or any other person affiliated with the lender? If yes, please explain: _____

6. Yes No If you answered yes to question 4, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain: _____

I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. Stonebridge Life Insurance Company is not a party to any such arrangement and will not become a party to any such arrangement.

I also understand that neither Stonebridge Life Insurance Company nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. Stonebridge Life Insurance Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to Stonebridge Life Insurance Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in this Addendum are material to Stonebridge Life Insurance Company's decision to issue any policy applied for, and that Stonebridge Life Insurance Company would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at Any City, Any State this 15th day of June, 2008

John A. Doe
Signature of Proposed Insured(s)

6-15-08
Date

Proposed Owner(s) Signature
(If different from Insured(s))

Date

Wilbur Doe
Witness

6-15-08
Date

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 06/27/2008
Comments:
Attachment:
AR Stonebridge Certificate of Compliance.pdf

Review Status:
Satisfied -Name: Application 06/27/2008
Comments:
This information is set forth in the accompanying cover letter attached to this Supporting Documentation tab.

Review Status:
Satisfied -Name: Authorization Letter for Stonebridge Life 06/27/2008
Comments:
Attachment:
Stonebridge Authorization Letter.pdf

Review Status:
Satisfied -Name: Flesch Score for PFA10608S 06/27/2008
Comments:
Attachment:
Stonebridge Flesch Score.pdf

Review Status:
Satisfied -Name: Cover Letter dated 7-2-08 07/02/2008
Comments:
Attachment:
AR Stonebridge 7-2-08 Cover Letter.pdf

CERTIFICATION

I, Cheryl Bock, Assistant Vice President of Contract Development of Stonebridge Life Insurance Company, do hereby certify that the Form identified below complies with:

- Arkansas Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance.
- Arkansas Rule and Regulation 49, Life and Health Insurance Guaranty Association Notices.
- Arkansas Rule and Regulation 34.
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88, Consumer Information Notice.

STONEBRIDGE LIFE INSURANCE COMPANY



Cheryl Bock
Assistant Vice President of Contract Development

Date: 6/25/08

Name of Form

Form Number

Addendum to Application for Life Insurance Coverage

PFA10608S



Stonebridge Life Insurance Company
Home Office: Rutland, VT
Administrative Office: 4333 Edgewood Road NE
Cedar Rapids, Iowa 52499

June 24, 2008

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Western Reserve Life Assurance Company of Ohio in any matters related to the submission of policy forms to your state.

Very truly yours,

A handwritten signature in cursive script that reads "Cheryl Bock".

Cheryl Bock
Assistant Vice President of Contract Development

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)

Flesch Score

50.0

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

MITCHELL | WILLIAMS

DOAK FOSTER
DIRECT DIAL: 501-688-8841
E-MAIL: DFOSTER@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800
LITTLE ROCK, ARKANSAS 72201-3525
TELEPHONE 501-688-8800
FAX 501-688-8807

July 2, 2008

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attn: Mr. Dan Honey
Director, Life and Health

RE: **STONEBRIDGE LIFE INSURANCE COMPANY**
(NAIC No. 65021; FEIN No. 03-0164230)
Addendum to Application for Life Insurance Coverage (Form PFA10608S)
SERFF Filing No. MWSG-125713765

Dear Commissioner Bowman:

On behalf of our client, Stonebridge Life Insurance Company (the "Company"), we are enclosing the above referenced form for your review and approval. This form is new and does not replace any previously approved form. Also enclosed are the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on its behalf;
2. A Flesch Score Certification; and
3. An executed Certification of Compliance.

The filing fee of \$ 50.00 is being sent to you via EFT.

This form is being submitted in final printed form in which it will be distributed to the Insured. It is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address and phone number, adaptation to computer printing, and Officers' signatures. This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister company of Monumental Life Insurance Company and is simultaneously being submitted to the Company's domiciliary state of Vermont.

Addendum to Application for Life Insurance Coverage (Form PFA10608S) is intended to be a supplement to universal life application forms previously approved by your Department identified below as well as those that are approved in the future. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department identified below as well as those that are approved in the future.

The Honorable Julie Benafield Bowman

July 2, 2008

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<u>Type of Form</u>	<u>Form Number</u>	<u>Approval Date</u>
Policy	UL02 0707 AR	11-2-07
Policy	UL04 0607 AR	6-28-07
Policy	EIUL02 0707 AR	8-31-07
Application	L114 0107 AR	3-14-07
Supplemental Application	SA-EIUL 0707	8-31-07

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and such form contains no provisions previously disapproved by your Department.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8841 or my paralegal, June Stracener at (501) 370-4225. Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By 
Doak Foster *by BJS*

DF:ka

Enclosures

cc: Mr. Fred Alvarado
Mr. Stephanie Mara
Mr. Kevin Lyons